

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003321

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 311

Primary Registration District No. 4456

Registrar's No. 5

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

ST CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

APPLETON CITY

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ELLET MEMORIAL HOSP

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MO

EDWARDS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ROBERT

L. HALL

4. DATE OF DEATH

Month

Day

Year

JAN.

15

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

OCT. 11, 1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rd. Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY

L

11. BIRTHPLACE (City and state or country)

Admire KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

WW I

17. INFORMANT

Joe BAKER APPLETON CITY MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

48 HOURS

DUE TO (b)

ARTERIOGENOUS HEART DISEASE

CARONIC

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐ No ☐ Unknown ☐

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 13 1962, to Jan 15 1962 and last saw her alive on Jan 15, 1962

Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

R. W. Brownshagen MD

22b. ADDRESS

Appleton City Mo.

22c. DATE SIGNED

Jan 15, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

JAN. 17, 1962

23c. NAME OF CEMETERY OR CREMATOR

MT. MORIAH CEM.

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MO.

24. FUNERAL DIRECTOR

Geo. C. CARSON + Sons

ADDRESS

Independence Mo

25. DATE RECD. BY LOCAL REG.

Jan. 15, 1962

26. REGISTRAR'S SIGNATURE

Oles Atney

(Licensed Embelmer's Statement on Reverse Side)

JAN 30 1962
MAR 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.